



National NAGPRA

Native American Graves Protection and Repatriation Act FY 2005 Grant Proposal

Please read the [Proposal Guidelines](#) carefully before completing this form. An electronic version of this form is available by contacting the National NAGPRA Program at (202) 354-2207, or via e-mail at NAGPRA_Grants@nps.gov. The form is also available on-line at www.cr.nps.gov/nagpra/GRANTS

SECTION 1. PROJECT INFORMATION

A. Type of Grant Proposal: *(Check one only)*

- ☐ 1. Tribal Documentation/Consultation Award (not to exceed \$75,000)
- ☐ 2. Tribal Repatriation Award (not to exceed \$15,000)
- ☐ 3. Museum Documentation/Consultation Award (not to exceed \$75,000)
- ☐ 4. Museum Repatriation Award (not to exceed \$15,000)

B. Project Summary: Briefly summarize your project in the space provided.

C. Native American Collection:

(Museum Applicants Only) – provide approximate numbers for items in the following categories)

- Total number of items in your Native American collection.
- Number of Indian tribes, Alaska Native villages or corporations, or Native Hawaiian organizations possibly affiliated with items in your collection.
- Number of Native American human remains in your possession or control (specify if these are individual bones or sets of remains).

D. Project Authorizer: This person also signs the SF-424.

Name: _____

Title: _____

Form of Address: Mr./Mrs./Ms./Dr. E-Mail Address: _____

Address: _____

Telephone: () - Fax: () -

E. Project Director: Who will be responsible for the overall supervision and management of the grant?

Name: _____

Title: _____

Form of Address: Mr./Mrs./Ms./Dr. E-Mail Address: _____

Address: _____

Telephone: () - Fax: () -

F. Fiscal Management: Who will be responsible for the fiscal management of the grant?

Name: _____

Title: _____

Form of Address: Mr./Mrs./Ms./Dr. E-Mail Address: _____

Address: _____

Telephone: () - Fax: () -

SECTION 2. PROJECT DESCRIPTION

All applicants must submit narrative responses to each of the four questions on the following pages. The response to each question must not exceed the space provided. Use a print size that is large enough to read comfortably (10 point or higher is recommended).

A. GRANT OBJECTIVES. What are the objectives of this project? Be specific.

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

- B. PROJECT ACTIVITIES.** How will the grant objectives be achieved? Be specific. Describe the activities that the participants will carry out, and how the activities support the grant objectives.

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

- C. PERSONNEL QUALIFICATIONS.** Who will carry out the Project Activities? List all project personnel, including consultants. Describe their responsibilities and the amount of time each will dedicate to the project. If particular individuals have already been identified to participate in the project, briefly describe how their experience and qualifications are appropriate to successfully achieve the stated objectives. If you plan to hire new personnel or consultant(s), describe the criteria that will be used to competitively select these individuals or services. **Attach brief resumes for project personnel (or position descriptions for personnel still to be chosen) in Section 6.**

SECTION 2. PROJECT DESCRIPTION (CONTINUED)

- D. SCHEDULE OF COMPLETION.** All applicants must submit a schedule for completing each project activity discussed in the Project Description. The project schedule may cover up to 18 months.

SECTION 3. BUDGET

Each cost item should clearly show how the total charge for that item was determined. If more space is needed, please follow the budget format on a separate sheet of paper. All major costs should be listed in budget categories similar to those listed below, and all cost items should be explained in the Budget Summary and Justification (Section 4).

| A. SALARIES AND WAGES. Provide the names and/or titles of key project personnel. | | | | | | |
|--|--------------------------|-------|---------------|-------------|-----------------------------|-------|
| Name/Title of Position | Full Time Monthly Salary | % FTE | No. of Months | Grant Funds | Match / Cost Share (if any) | Total |
| | \$ | | | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ |
| | \$ | | | \$ | \$ | \$ |
| Subtotal | | | | \$ | \$ | \$ |

| B. FRINGE BENEFITS. If more than one rate is used, list each rate and the wage or salary base. | | | | |
|--|---------------------|-------------|-----------------------------|-------|
| Rate | Salary or Wage Base | Grant Funds | Match / Cost Share (if any) | Total |
| % of | \$ | \$ | \$ | \$ |
| % of | \$ | \$ | \$ | \$ |
| % of | \$ | \$ | \$ | \$ |
| % of | \$ | \$ | \$ | \$ |
| Subtotal | | \$ | \$ | \$ |

| C. CONSULTANT FEES. This should include payments for professional and technical consultants, and stipends for elders participating in the project. | | | | | |
|--|-----------|----------------------------|-------------|-----------------------------|-------|
| Name and type of Consultant | # of Days | Daily Rate of Compensation | Grant Funds | Match / Cost Share (if any) | Total |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| | | \$ | \$ | \$ | \$ |
| Subtotal | | | \$ | \$ | \$ |

D. TRAVEL AND PER DIEM. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. Per diem rates shall not exceed maximum Federal rates. To view current Federal per diem rates, visit <http://policyworks.gov/org/main/mt/homepage/mtt/perdiem/perd05d.html>, and follow the links to per diem information.

| From/To | No. of People | No. of Travel Days | Per diem (lodging and meals) per person per day | Total per diem (lodging and meals) for this trip | Transportation costs (airfare and mileage) <u>per person</u> | <u>Total transportation costs</u> (airfare and mileage) <u>for this trip</u> | Grant Funds | Match / Cost Share (if any) | Total |
|----------|---------------|--------------------|---|--|--|--|-------------|-----------------------------|-------|
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| Subtotal | | | | | | | \$ | \$ | \$ |

E. SUPPLIES AND MATERIALS. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$500 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Other Costs category (Category G, below).

| Item | # of items | Cost | Grant Funds | Match / Cost Share (if any) | Total |
|----------|------------|------|-------------|--------------------------------|-------|
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| | | | \$ | \$ | \$ |
| Subtotal | | | \$ | \$ | \$ |

F. SERVICES. This should include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services not previously listed.

| Item | Method of Computation | Grant Funds | Match / Cost Share (if any) | Total |
|----------|-----------------------|-------------|--------------------------------|-------|
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| Subtotal | | \$ | \$ | \$ |

G. OTHER COSTS. List stipends, equipment items in excess of \$500, and other items not previously listed. Note that equipment items worth less than \$500 or that have a useful life of less than 2 years must be listed in the Supplies and Materials category.

| Item | Cost | Grant Funds | Match / Cost Share (if any) | Total |
|----------|------|-------------|--------------------------------|-------|
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| | \$ | \$ | \$ | \$ |
| Subtotal | | \$ | \$ | \$ |

H. INDIRECT COSTS. If indirect costs will be charged to the grant, complete the table below with your current approved indirect cost rate and the direct costs it will be applied to. A copy of your most recent indirect cost rate must be attached if indirect costs will be requested. Only indirect costs up to 25% of the grant may be charged to the grant. *

| * The Direct Costs from items 1 -- 6 to which the indirect cost rate applies | Current Approved Indirect Cost Rate Percentage (%) | Indirect Cost Rate Amount |
|--|---|---------------------------|
| \$ | % | \$ |

* NOTE: Indirect costs may be applied only to eligible direct costs in accordance with your approved rate. Most indirect cost rates exclude contracts or pass-through funds above a certain amount. Please check your rate and apply it accordingly.

SECTION 4. BUDGET SUMMARY AND JUSTIFICATION

| BUDGET SUMMARY | | | |
|---------------------------|-------------|--------------------------------|-------|
| Category | Grant Funds | Match / Cost Share (if any) | Total |
| A. Salaries and Wages | \$ | \$ | \$ |
| B. Fringe Benefits | \$ | \$ | \$ |
| C. Consultant Fees | \$ | \$ | \$ |
| D. Travel and Per Diem | \$ | \$ | \$ |
| E. Supplies and Materials | \$ | \$ | \$ |
| F. Services | \$ | \$ | \$ |
| G. Other Costs | \$ | \$ | \$ |
| H. Indirect Costs | \$ | \$ | \$ |
| TOTAL PROJECT COSTS | \$ | \$ | \$ |

Budget Justification. Provide a brief justification of all cost items, including matching funds, listed in the budget. Be specific and explain why these items are necessary to accomplish the grant objectives. If the project involves travel costs, include a brief summary of each trip (for example, Project Director and two tribal elders will fly from Hometown to Someplace and stay three days to examine Someplace Museum's collection). Use an additional sheet, if necessary. **Note: Travel is not permitted to components of the Smithsonian Institution. If purchasing or renting computer equipment or other large budget items, justify their necessity and provide three cost quotes for each such item.**

SECTION 5. STATUS OF CURRENT NAGPRA GRANT(S)

Please indicate whether or not the Tribe or Museum currently has a NAGPRA Grant.

- _____ 1. No. We do not currently have a NAGPRA Grant.
- _____ 2. Yes. We currently have a NAGPRA Grant.

If you answered "yes", please provide an overview of the grant activities and accomplishments thus far. Do not exceed the space provided.

SECTION 6. SUPPORTING DOCUMENTS

All applicants must submit certain documents in support of the project proposal. Supporting documents should be attached to the application form in the order listed.

- A. Letters of commitment from Indian tribes, Alaska Native villages or corporations, or Native Hawaiian organizations that will participate in the proposed project, stating specific responsibilities. If travel to or from Indian tribal communities is planned, commitment letters from these tribes are required.

- B. Letters of commitment from museums that will participate in the project, stating specific responsibilities. If travel to museums is planned, commitment letters from these museums are required.

- C. Brief resumes (lengthy vitae or publication lists should not be submitted) for all project personnel or detailed positions descriptions and search criteria if personnel have not yet been chosen. A competitive selection process must be documented for hiring of personnel.

- D. Letters of commitment from project consultants, if they have been selected.

SECTION 7. CURRENT INDIRECT COST RATE AGREEMENT

If indirect costs will be claimed from the grant, attach one (1) copy of the letter from the cognizant Federal agency approving the rate to be used and the period for which the rate is approved.

SECTION 8. APPLICANT'S MOST RECENT AUDITED FINANCIAL STATEMENT

Attach one (1) copy of your most recent audited Financial Statement.